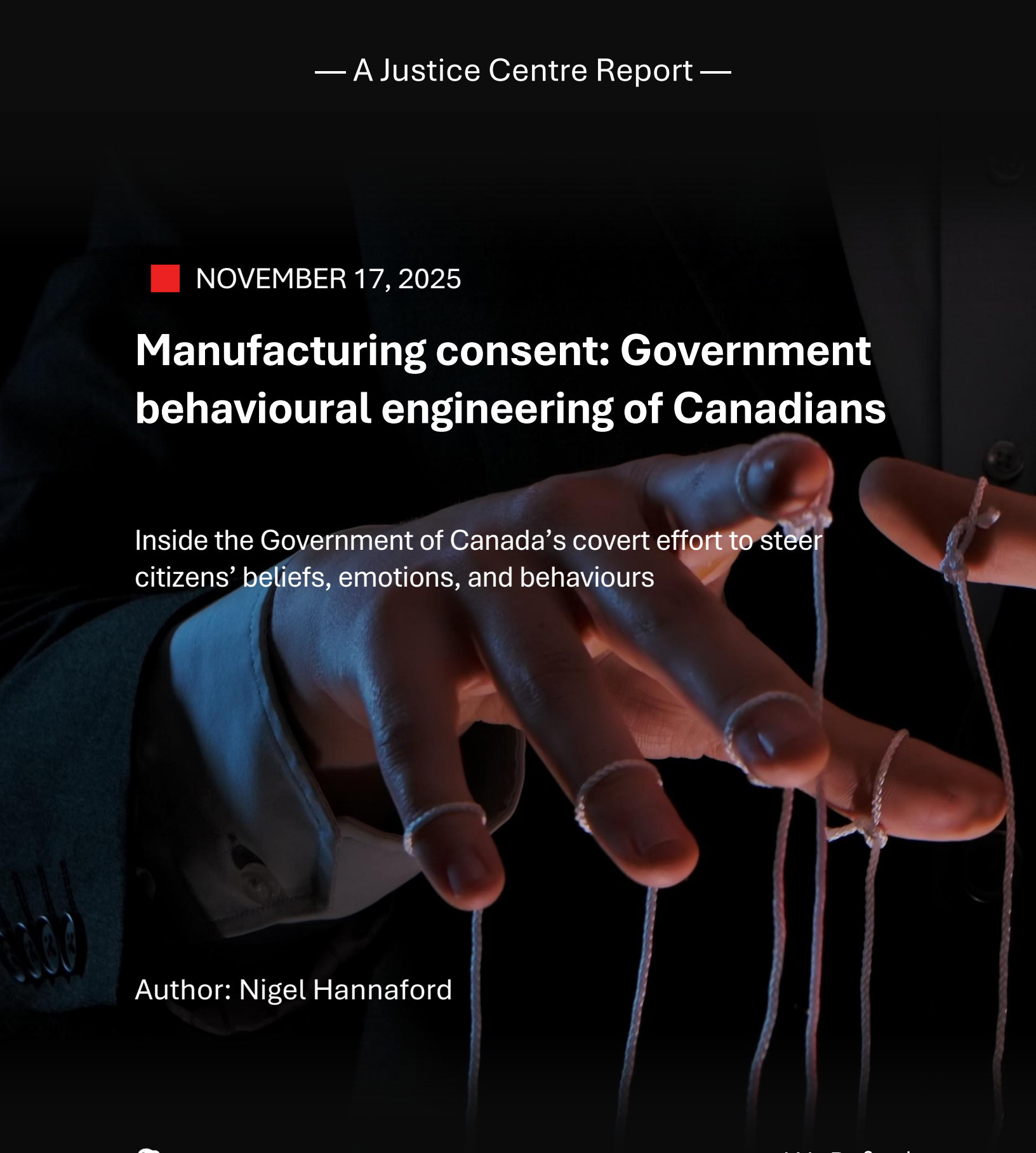
— A Justice Centre Report —



NOVEMBER 17, 2025

Manufacturing consent: Government behavioural engineering of Canadians

Inside the Government of Canada's covert effort to steer citizens' beliefs, emotions, and behaviours

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Justice Centre
for Constitutional Freedoms

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Abstract

This report examines how the Government of Canada has incorporated behavioural science and legislative mechanisms to shape public attitudes, restrict expression, and manage dissent. Through the Impact and Innovation Unit (IIU) in the Privy Council Office (PCO), federal officials have implemented strategies drawn from so-called *nudge theory* to influence citizen behaviour under the guise of "evidence-based policy." These methods expanded dramatically during the era of Covid lockdowns and vaccine passports, shifting from communication improvement to deliberate psychological conditioning aimed at securing compliance. The Justice Centre urges thorough scrutiny of such behavioural programs to preserve transparent, representative governance in Canada.

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Updates to this report

This is Version 1.2 of this report, which may be updated periodically.

About the authors

This report was produced by the Justice Centre with Nigel Hannaford as the author.

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Executive Summary

Over the past decade, the Government of Canada has, with little public comment, developed a set of mechanisms — behavioural, legislative, and financial — designed to covertly influence how Canadians act and what they think.

At the centre of this system is the Impact and Innovation Unit (IIU), located within the Privy Council Office (PCO), the apex of our federal government in Ottawa. Designed to research ways to influence Canadians to accept government initiatives, it is modelled after the United Kingdom's Behavioural Insights Team. The IIU therefore employs social psychology and "nudge" theory to test messaging and implement other behavioural interventions across government departments.

With the arrival of Covid, lockdowns and vaccine mandates, the Government of Canada sharply expanded the role of the IIU. Tasked to advise the Public Health Agency of Canada on securing vaccination compliance, the IIU applied behavioural-science research and extensive message-testing to craft a national communications strategy. For example, the IIU tested fictitious news reports on thousands of survey participants to examine how Canadians would react to different ways of framing messages around the safety of the vaccine, the "danger" of not taking it, and reports of negative side effects. The goal was to reach at least 70 percent public uptake in a mass vaccination campaign—the threshold widely associated with achieving effective "herd immunity."

However, the messaging strategies appeared structured less to support informed decision-making than to shape public perception around the vaccine and drive compliance. For example, the government fixed its core message — "the vaccine is 'safe and effective,' so get vaccinated" — well before conclusive clinical or real-world data were available on their effectiveness and, above all, their safety. Worse, the government continued to promote this message despite early and inconvenient reports of adverse reactions to the vaccine, which they dismissed as inconsequential. Emotional triggers — rather than balanced information — became central to the IIU's campaign, raising legitimate concerns about transparency, trust, and the appropriate limits of behavioural influence in public health. Providing taxpayers with factual, helpful and relevant information is one thing; using tax dollars to persuade citizens of something that is not known to be true, or something that may not be true, is quite another thing.

The Justice Centre for Constitutional Freedoms finds that such practices threatened the fundamental freedoms of conscience, expression, and the right to the security of the person, as protected by the *Canadian Charter of Rights and Freedoms*. These practices substitute traditional democratic persuasion through open debate and public engagement, with behavioural conditioning and administrative coercion, undermining democratic accountability and citizens' autonomy.

The Canadian public expects government policies and decisions to reflect their will and preferences, as expressed through elections as well as between elections. However, this does not authorize the government to manipulate or influence the public towards an ideological goal.

However, the IIU's activities suggest a shift toward engineering public opinion to align with government goals. This reflects a broader trend in Canadian governance, where the government seeks to build the constituency it wants rather than represent the one it has. This undermines the democratic principle articulated by the Justice Centre: elected officials should govern citizens as they are, not reshape them to fit ideological or policy objectives.

The report concludes that such behavioural interventions, when deployed without transparency or oversight, quickly become tools of covert manipulation rather than public communication or persuasion. The Justice Centre calls for:

1. Parliamentary oversight of behavioural science programs and their integration within federal departments.
2. Public disclosure of all behavioural research conducted with taxpayer funds.
3. An independent ethical review of behavioural interventions affecting public opinion or individual autonomy.

Canadians have the right to be persuaded by reason and evidence, not manipulated by design.

Introduction

Over the past decade, the Government of Canada has increasingly employed behavioural science[1] to influence public attitudes and actions, raising concerns about the ethics and implications of such strategies. Through the Impact and Innovation Unit (IIU) housed within the Privy Council Office (PCO,) the government has developed a sophisticated framework for shaping citizen behaviour, invariably under the guise of public safety or societal good.

Initially modeled after the United Kingdom's so-called "nudge unit," the IIU's activities have been expanded significantly, most notably during lockdowns and vaccine passports, when it was directed to explore ways of promoting compliance with public health measures. Initially, the IIU it was to popularize masking and social distancing; by the end of 2020, the focus had shifted to justifying and popularising the Government of Canada's mass vaccination campaign.

This report examines the IIU's operations, its relationship with the Privy Council Office and the Prime Minister's Office, and the broader implications of the government's use of behavioural science — "psy-ops," as it has been described.[2]

Drawing on primary sources, including government reports, websites, and also information published in the national press and studies by the Justice Centre, we argue that these initiatives constitute a form of manipulative social engineering that undermines the democratic principle of governing citizens *as they are*, with full respect for their human rights and their tax dollars, rather than as governing citizens *as the government might wish they were*.

The Privy Council Office and the Impact and Innovation Unit

The role of the Privy Council Office

The Privy Council Office (PCO) is the central hub of the Canadian government, described as providing support to "the Prime Minister and Cabinet. Led by the Clerk of the Privy Council, the department helps the government in implementing its vision, goals, and

[1] OECD. Seven routes to experimentation in policymaking - A guide to applied behavioural science methods. September 20, 2023. https://www.oecd.org/en/publications/seven-routes-to-experimentation-in-policymaking_918b6a04-en.html

[2] Hodgson, Jen. Privy Council Office runs psychological unit to shape Canadians' behaviour. Western Standard, July 20, 2025. https://www.westernstandard.news/news/in-depth-privy-council-office-runs-psychological-unit-to-shape-canadians-behaviour/66137

decisions in a timely manner."[3] Located in Ottawa's austere Blackburn Building, back-to-back with the Office of the Prime Minister (formerly the Langevin Block) for ready access to senior staff and the prime minister himself, the PCO is more than a bureaucratic support mechanism. It is a powerful entity for translating the Government of Canada's political goals — both public and unannounced — into actionable policies. Its proximity to the Prime Minister's Office underscores its influence, serving as a critical link between elected officials and the machinery of government.

Establishment and evolution of the Impact and Innovation Unit

The early origins of the Impact and Innovation Unit date to 2016 when it was stood up within the PCO as the Innovation Hub. It was renamed[4] the Impact and Innovation Unit in December 2018, its continued purpose being to integrate behavioural science[5] into public policy.

According to its 2020-21 Annual report,[6] since 2017 the IIU "experienced rapid growth with 28 active or completed outcomes-based funding projects worth over $725 million - spanning economic, environmental and social policy domains." The report did not provide a full itemized breakdown of the 28 projects or their individual allocations in this context, but it highlights the IIU's use of innovative methods — like their "challenges" and "pay-for-success" funding — to drive initiatives that can be scaled.

The IIU was modeled after the United Kingdom's Behavioural Insights Team, colloquially known as the "nudge unit," a nickname inspired by the influential 2008 book *Nudge* by Richard H. Thaler and Cass R. Sunstein.[7] Classical economists assume that people are "rational actors,"[8] making decisions with regard to their considered self-interest. Thaler and Sunstein argued, however, that individuals often make decisions based on default options. This then creates an opportunity for governments to employ so-called "choice

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[3] Government of Canada, "Privy Council Office." https://www.canada.ca/en/privy-council.html

[4] Mendelsohn, Matthew. (2025) *Announcing the Impact and Innovation Unit and the Launch of the Impact Canada Initiative*. Impact Canada. Blog. https://impact.canada.ca/en/blog/announcing-iiu

[5] Behavioural science is the branch of science concerned with human behaviour. While the term can technically be applied to the study of behaviour amongst all living organisms, it is nearly always used with reference to humans as the primary target of investigation.

[6] Impact Canada. (2021) *Impact and Innovation Unit - Annual Report 2020-2021*. https://impact.canada.ca/en/reports/annual-report-2020-2021

[7] Richard H. Thaler and Cass R. Sunstein, *Nudge: Improving Decisions About Health, Wealth, and Happiness* (New Haven: Yale University Press, 2008).

[8] Wikipedia, "Rational choice model," https://en.wikipedia.org/wiki/Rational_choice_model. Last edited, October 27, 2025

architects" to design contexts that guide behaviour — to "nudge" citizens in a direction preferred by the government.

In the Canadian context, the IIU's mandate is therefore to "enhance knowledge of innovative policy approaches" and support the government in addressing "complex policy and program challenges" through behavioural insights, data analytics, and social innovation.[9] In other words, the Canadian government "enhances" Canadians' knowledge of the kinds of things the government wants them to be "informed" about – such as the "safety" of vaccines and the "danger" of not taking them – such that Canadians are more likely to support the government's policies.

The Impact and Innovation Unit's "Psy-ops" during Covid

Notwithstanding the expansive role assigned to behavioural science in the PCO, the IIU's early initiatives, such as the *Indigenous Homes Innovation Initiative* and the *Food Waste Reduction Challenge*, appeared unremarkable, programs for example directed to improve housing and reduce food wastage.[10]

However, the unit's scope grew dramatically during Covid, to support the Government of Canada's efforts to manage Canadians during the outbreak. Especially, the IIU was to "nudge" citizen cooperation in the government's campaign to inject Canadians with the new mRNA vaccine.

At the time, mRNA was not defined as a vaccine.[11] Fed by alarming reports of adverse effects as people were beginning to receive the vaccine, there was considerable scepticism about its safety.

Consequently, as the 2019-2020 annual report of the IIU states, "The Impact Canada Centre of Expertise, housed within the IIU, shifted its focus to augment government efforts, leveraging skills in behavioural science, public engagement, and innovative public policy design and implementation. The IIU continued to lead the implementation of the World Health Organization's Behavioural Insights Tool on COVID-19 in the Canadian context, known as COVID-19 Snapshot Monitoring (COSMO Canada), in partnership with the Public

[9] Impact and Innovation Unit, *"Annual Report 2019-20,"* Privy Council Office, 2020. https://ised-isde.canada.ca/site/innovative-solutions-canada/en/innovative-solutions-canada-annual-report-2019-20

[10] Ibid.

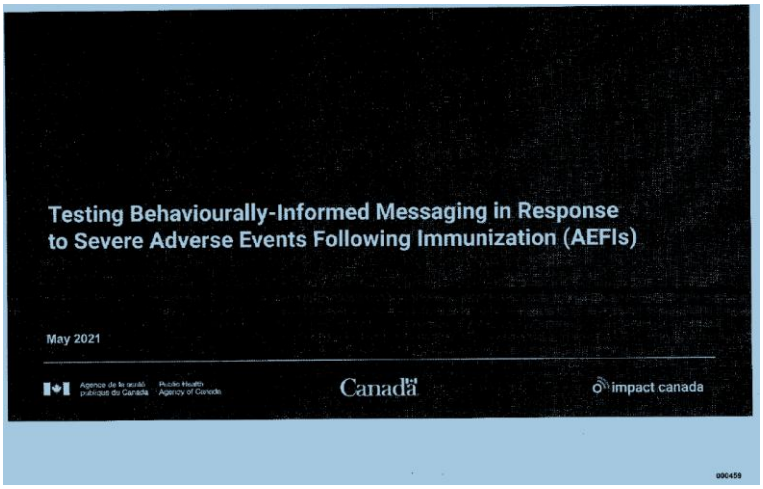
[11] In September 2021, the US Centers for Disease Control redefined the word 'vaccine.' Before the change, the definition for "vaccination" read, "the act of introducing a vaccine into the body to produce immunity to a specific disease." Now, the word "immunity" has been switched to "protection." https://www.miamiherald.com/news/coronavirus/article254111268.html

Opinion Research Team within the PCO's Communications and Consultations Secretariat."[12]

One might well ask:

1) How exactly was the WHO's Behavioural Insights Tool deployed in Canada?
2) What "government efforts" were the "psy-ops" unit called upon to augment?

The answers are to be found in an internal report issued by the IIU in May 2021, roughly six months after the Covid vaccination campaign began. The internal report, *"Testing Behaviourally-Informed Messaging in Response to Severe Adverse Events Following Immunization,"* was made public by *Blacklock's Reporter* through a freedom of information request.



Page 1 of the PCO's internal report[13]

How exactly was the WHO's Behavioural Insights Tool deployed in Canada?

The IIU was tasked to find ways to reduce public anxiety about reports of adverse events following immunization. They focused its effort on reducing public anxiety about reported adverse events to the vaccine rather than taking such reports seriously, despite having no long-term safety data of the vaccines in the first place.

The IIU applied behavioural sciences theories and insights to a number of experiments, asking the following question: what kind of messaging is most likely to reduce public anxiety about adverse events following immunization?[14]

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[12] Government of Canada, "Impact & Innovation Unit, Annual Report, 2019 - 2020 (abridged)," https://www.canada.ca/content/dam/ih-ci/documents/pdfs/2019-2020-eng.pdf?utm_source=chatgpt.com

[13] Privy Council Office, (2021). "Testing Behaviourally-Informed Messaging in Response to Severe Adverse Events Following Immunization." Page 16. https://www.jccf.ca/wp-content/uploads/2025/11/PCO-Testing-Behaviourally-Informed-Messaging-in-Response-to-Severe-AEFIs.pdf

[14] Ibid.

As described in the report, the PCO's IIU drew upon three primary data sources:

- **The WHO's "*COVID-19 Snapshot Monitoring Study*" (COSMO)**.[15] With data from more than 2,000 participants across multiple survey rounds, COSMO (Canada) tracked how Canadians' knowledge, perceptions, and behaviours about Covid changed throughout the Covid years. It was the government's main long-term source for understanding Canadians' response to Covid.
- **Rapid Online Studies and Experiments**. An online experimentation platform, which enabled "deep-dive" explorations of critical public health behaviours and tested experimental public health messaging. The online experimentation platform studied how Canadians responded to public health messages and behaviours. By testing different approaches with tens of thousands of participants, it helped identify which messages, groups, and policies most effectively encouraged "healthy" actions.
- **Partnerships with essential service providers (e.g., Sobeys grocery chain)**. Through these partnerships, researchers tested ways to encourage "healthy" behaviours like physical distancing and masking in real-world settings. These field experiments helped shape policies and programs that were supposed to better protect consumers, travellers, and frontline workers.

While this may seem like a reasonable thing to do, the problem is that the government took policy approaches despite having no actual evidence of their efficacy – indeed, Canada's Chief Public Health Officer Theresa Tam initially advocate for "reasonable public measures," arguing that masking had little value.[16] And yet, the government doubled down by using their manipulative behavioural science messaging techniques to covertly influence Canadians to comply with their policy approaches.

[15] Government of Canada, "COVID-19 Snapshot Monitoring (COSMO)," May 28, 2025. https://impact.canada.ca/en/good-data/cosmo-canada

[16] Tam, Dr. Theresa. (2020). "*Health Committee on Jan. 29th, 2020."* Open Parliament. https://openparliament.ca/committees/health/43-1/1/?singlepage=1

Dr. Tam further warned against taking policy measures "beyond what is currently the public health evidence," in the same health committee hearing: "I would say, as our president of the Public Health Agency has said, that you have to be very cognizant that the global effort to contain the virus requires the absolute commitment and engagement of the communities that are affected. Otherwise, they'll be stigmatized. *They will be asked to take measures beyond what is currently the public health evidence* [emphasis added]. It is a matter of balance when you're restricting someone's freedom, essentially, to move about in the community after return. I think that is not something that we would take lightly."

The IIU found that the kitchen sink approach was best

Armed with this data, the IIU then researched how popular acceptance of the federal government's vaccination strategy might best be won. For example, the memo[17] describes one experiment in which study participants were shown a fabricated news story describing a death potentially linked to the Covid vaccine. They were then exposed to alternative official responses attributed to the federal government, a leading health authority, or a representative from the vaccine manufacturer. (Page 35 *ff.)*

The memo outlines several framing techniques that were tried, intended to reduce anxiety surrounding adverse events following immunization (AEFIs).

Among them:

- **"Gist framing":** Presenting a vaccine-related adverse event simply as any health issue that happens after vaccination, whether or not the vaccine caused it.
- **"Mechanism framing":** Emphasizing that there is no known causal link between a specific tragic event and the vaccine, while noting that many other potential factors must be explored.
- **"Risk communication framing":** Putting the risk into perspective by using comparative statistics. For example, the chance of being injured in a car crash is one in 240, whereas 9,991 out of every 10,000 Covid vaccine doses were given without any adverse effects.

Ultimately, the IIU's research determined that the best results came from throwing everything at the public at once — an approach they dubbed the *"Kitchen Sink Message Frame."* Using this composite approach was found to reduce worries about both vaccine safety and the hypothetical news story by 17 percent, compared with a control group that received no information.

What "government efforts" was the "psy-ops" unit called upon to augment?

In December 2020, the Government of Canada authorised the first Covid vaccine, the Pfizer-BioNTech. The IIU's job was to persuade Canadians to accept it.

While many Canadians were early adopters, there was still widespread public scepticism. And indeed, it was not long before there were almost-daily reports of recently vaccinated

[17] Privy Council Office, (2021). "Testing Behaviourally-Informed Messaging in Response to Severe Adverse Events Following Immunization." Page 35. https://www.jccf.ca/wp-content/uploads/2025/11/PCO-Testing-Behaviourally-Informed-Messaging-in-Response-to-Severe-AEFIs.pdf

people suffering unexpected, unpleasant and in some cases extremely serious after-effects. This included alarming reports of healthy young men, including athletes with high levels of physical fitness, dying of heart-related causes[18] within a few days of receiving the vaccine.

This was clearly off-message. Thus, the IIU's May 2021 executive summary recognized the dilemma that this bad news presented:[19] "News reports of adverse events following immunization (AEFI) and the Government's response to them have strong potential to influence public confidence in vaccines and their safety."

The IIU's job was thus to help the Public Health Agency of Canada (PHAC),[20] the federal lead in the anti-Covid effort, design messaging that would promote "desired health and response behaviours."[21] It is therefore significant that although PHAC was reporting adverse effects following immunization within days of the first (Dec 14, 2020) vaccines being administered, there was no discernible change in messaging coming from the IIU. They were to continue to promote public confidence in vaccination.

Admittedly, initial adverse effect reports were classified by the government as non-serious.[22] However, as the weeks and months went by, media reports of healthy young men suffering from myocarditis and dying suddenly of "unknown cause" within days of receiving their second shot became increasingly common. (As a reminder, the initial Covid vaccine required two shots, while booster shots followed later on.)

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[18] Michael Buchanon, "Errors meant Covid jab given to clot victim – report," September 17, 2024. BBC News. https://www.bbc.com/news/articles/cy5ylldp1l3o

City News Everywhere, "Miami coroner reviewing doctor's death 2 weeks after vaccine," January 8, 2021. https://vancouver.citynews.ca/2021/01/08/miami-coroner-reviewing-doctors-death-2-weeks-after-vaccine/

Newsweek, Matthew Impelli, "13-Year-Old Dies in Sleep After Receiving Pfizer COVID Vaccine; CDC Investigating," July 02, 2021. https://www.newsweek.com/13-year-old-dies-sleep-after-receiving-pfizer-covid-vaccine-cdc-investigating-1606529

Ian Sample, "Boys more at risk from Pfizer jab side-effect than Covid, suggests study," September 10, 2021. https://www.theguardian.com/world/2021/sep/10/boys-more-at-risk-from-pfizer-jab-side-effect-than-covid-suggests-study

[19] Privy Council Office, (2021). "Testing Behaviourally-Informed Messaging in Response to Severe Adverse Events Following Immunization." https://www.jccf.ca/wp-content/uploads/2025/11/PCO-Testing-Behaviourally-Informed-Messaging-in-Response-to-Severe-AEFIs.pdf

[20] Government of Canda. Public Health Agency of Canada. https://www.canada.ca/en/public-health.html

[21] Obtained by *Blacklock's Reporter* through a freedom-of-information request, the document outlines a study conducted by the Vaccine Confidence Policy, Research Engagement Unit at the Public Health Agency of Canada and the Impact and Innovation Unit at the Privy Council Office.

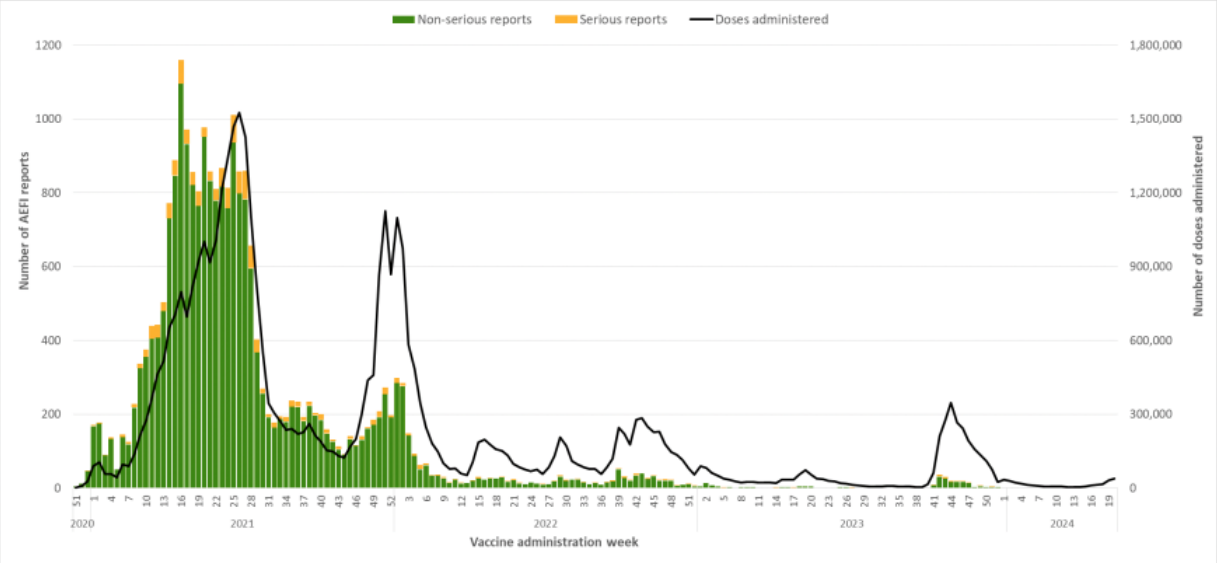
Source: Privy Council Office, (2021). https://www.jccf.ca/wp-content/uploads/2025/11/PCO-Testing-Behaviourally-Informed-Messaging-in-Response-to-Severe-AEFIs.pdf

[22] Pfizer. *Pfizer Shares Available Analyses of Myocarditis and COVID-19 Vaccines*. September 15, 2025. https://www.pfizer.com/news/announcements/pfizer-shares-available-analyses-myocarditis-and-covid-19-vaccines

It was ultimately the province of Ontario (not the Government of Canada) that provided perhaps the most comprehensive study of the Canadian experience of adverse effects:

> *"Rare myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining around the heart) events have been reported following vaccination with COVID-19 mRNA vaccines. Information from vaccine safety monitoring systems and evidence from multiple observational studies across many countries support an association between COVID-19 mRNA vaccines and an increased risk of myocarditis/pericarditis. Information to date indicates that these events occur more commonly after the second dose, within the week following vaccination (typically within 4-5 days), mainly in adolescents/young adults 12 to 29 years of age, and more often in males than females."*[23]

Figure 1. Number of AEFI reports and doses administered by week of vaccine administration: Ontario, December 13, 2020 to May 19, 2024



Note:

- AEFI reports are assessed based on date of vaccine administration. The administration week ranges from week 51 (Dec 13 – 19, 2020) to week 20 (May 12 – 18, 2024). May 19, 2024 is not included in the figure as it is not yet a full week.
- The number of AEFI reports for the recent reporting weeks are subject to reporting delays and/or delayed data entry (i.e., reports are likely to still be under investigation and yet to be reported as a confirmed AEFI report).

Data Source: CCM, COVaxON (see technical notes for details on data sources)

The graph above, taken from the Ontario study, shows the spike in AEFIs during the first six months during which inoculations (Covid vaccine injections) were performed. The Ontario report cited was published in 2024, but to suppose PHAC was unaware of the Ontario statistics in real time is to misunderstand the nature of the collective effort.

[23] Government of Canada. *COVID-19 vaccines: Canadian Immunization Guide*. 2025-10-24. https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html#a10.2

Likewise, a French study[24] published in June 2022, analysed more than 3,000 cases of myocarditis and pericarditis recorded since inoculation had begun. It too found *"increased risks of myocarditis and pericarditis during the first week following vaccination..."*[25]

These reports do not ever appear to have altered PHAC reporting procedures or interpretation. Up to the time the agency stopped separately reporting vaccination side-effects in 2024, PHAC reported 488 post-vaccination deaths.[26] Nevertheless, PHAC continued to the end its standard disclaimer: "Although these deaths occurred after being vaccinated with a COVID-19 vaccine, they are not necessarily related to the vaccine."[27]

Perhaps so. However, whatever the case, the Government of Canada required the IIU to design ways to influence public behaviour in favour of "vaccination," particularly in response to public health recommendations received from the WHO.[28] (As described in the Justice Centre report "*Canada's Surrender of Sovereignty*,"[29] published in October 2025, the WHO proved a broken reed upon which to depend.)

In the rearview mirror, the IIU's job seems clear: to massage public perception of the efficacy and desirability of accepting the mRNA Covid vaccine.[30]

Behavioural science during Covid – How the IIU shaped public health compliance

Unsurprisingly, the Government of Canada had little to say in 2021 about what its behavioural science initiatives through the IIU.

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[24] Le Vu, Stéphane; Bertrand, and Jabagi, et al. Age and sex-specific risks of myocarditis and pericarditis following Covid-19 messenger RNA vaccines. June 25, 2022. https://www.nature.com/articles/s41467-022-31401-5

[25] Ibid.

[26] Public Health Agency of Canada. Canadian COVID-19 vaccination safety report. Ottawa: Public Health Agency of Canada; January 19, 2024. https://health-infobase.canada.ca/covid-19/vaccine-safety/. Accessed February 22, 2024.

[27] Government of Canada. *Reported side effects following COVID-19 vaccination in Canada*. January 19, 2024. https://health-infobase.canada.ca/covid-19/vaccine-safety/

[28] Obtained by *Blacklock's Reporter* through a freedom-of-information request, the document outlines a study conducted by the Vaccine Confidence Policy, Research Engagement Unit at the Public Health Agency of Canada and the Impact and Innovation Unit at the Privy Council Office.

[29] Justice Centre. *Canada's Surrender of Sovereignty*. October 2025. https://www.jccf.ca/wp-content/uploads/2025/10/Canadas-Surrender-of-Sovereignty_Final_Oct-16.pdf

[30] Testing Behaviourally-Informed Messaging in Response to Severe Adverse Events Following Immunization Page 4.

However, in 2021, Dr. Theresa Tam did discuss "the behavioural insight team" at the PCO with Susan Delacourt at the *Toronto Star*, and its effectiveness at changing public attitudes.[31] She told the Toronto Star: "We do know that the intention for Canadians to get the vaccine is actually quite high and I think it has improved since we started the vaccine campaign itself."[32]

Tam went on to explain "how people's views on vaccines are shaped by where they get their information." Significantly, she said readers of mainstream news media were more likely to feel positive about taking the vaccine, than people who relied on social media.

"Consumers of traditional information sources tend to have more trust in vaccines and what the government is saying about them. Conversely, if you're the kind of person who gets your news from social media, you're likely more wary of vaccines... We know that we have to work with the internet and social media companies and that has been happening with Facebook, Google, YouTube and others." She referred to it as "fine tuning."[33]

As public concern over Covid lessened in 2022, public discussion of the link between adverse outcomes and the injection of a foreign substance into healthy bodies was allowed to languish.

However, implicit in the IIU report discussed above is the government's conclusion that the Covid mRNA "vaccine" (Pfizer-BioNTech, also known as Comirnaty) it had approved in December 2020[34] was both safe and effective. If there was any consideration of the possibility that it was neither, it does not seem to have been recorded or allowed to modify the IIU's mission.

It is therefore worth noting that much later, in September 2025, Pfizer[35] conceded that "[t]he highest risk of developing myocarditis has been identified in young males within 14 days post-vaccination after the second dose of the primary series of vaccination with an mRNA vaccine." Furthermore, analyses of data from the U.S. Centers for Disease Control and Prevention (CDC) from the Vaccine Adverse Event Reporting System (VAERS) indicate

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[31] Delacourt, S. (2021) *OPINION 'The nudge unit': Ottawa's behavioural science team investigates how Canadians feel about vaccines, public health and who to trust.* Toronto Star. https://www.thestar.com/politics/political-opinion/the-nudge-unit-ottawa-s-behavioural-science-team-investigates-how-canadians-feel-about-vaccines-public/article_64d00ec0-cf95-5e8e-ad27-7a9b3046d169.html

[32] Or so she told the *Toronto Star*. At the very least there were regional variations.

[33] Ibid.

[34] Government of Canada, "Health Canada authorizes first COVID-19 vaccine," Statement. December 9, 2020. https://www.canada.ca/en/health-canada/news/2020/12/health-canada-authorizes-first-covid-19-vaccine0.html

[35] Pfizer. *Pfizer Shares Available Analyses of Myocarditis and COVID-19 Vaccines.* September 15, 2025. https://www.pfizer.com/news/announcements/pfizer-shares-available-analyses-myocarditis-and-covid-19-vaccines

that myocarditis after a booster vaccine dose is less common than after the second dose of the primary series.

Among any procedure replicated millions of times, anomalies are possible, of course. And even if it were established that otherwise healthy people died after being injected with a foreign substance intended to protect them, one might adduce a utilitarian argument that, over an entire population, a policy is justifiable if it saves more lives than it costs.

However, the possibility that some people might have died as a consequence of vaccination was widely acknowledged. With government encouragement, social media companies tried to limit the spread of such reports, but once vaccination became common, almost every Canadian had either experienced post-vaccination symptoms (usually minor and transitory, but never welcome and always concerning) or knew somebody who had.

Certainly, a large section of the Canadian public now distrusted the federal government. This was amplified by Prime Minister Trudeau's further insistence that any Canadian employed by the federal government or by a federally regulated industry must take the mRNA shot or lose their job.[36] Layered onto distrust was now a deep tranche of hostility.

Yet, PHAC conceded no link between adverse outcomes and vaccination, and the government of Canada remained committed to a vaccination strategy.

As the Justice Centre reported in 2023, "Canadian authorities cited excess deaths (when the cause was attributable to COVID-19) as justification for stringent pharmaceutical and non-pharmaceutical interventions over the course of the COVID-19 pandemic."[37]

In other words, they doubled down. And it became the IIU's job to overcome that scepticism and convince Canadians that vaccination was not only effective, but safe, and to therefore alter their behaviour.

Canada was arguably turned into a nation of lab rats, in which Canadians had no idea their government was attempting to covertly influence their thoughts and actions.

It is important to stress that in the early days of the vaccination campaign — notwithstanding the excellent Ontario data — the relatively small numbers of Canadians

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[36] Prime Minister of Canada. *Prime Minister announces mandatory vaccination for the federal workforce and federally regulated transportation sectors*. October 6, 2021. https://www.pm.gc.ca/en/news/news-releases/2021/10/06/prime-minister-announces-mandatory-vaccination-federal-workforce-and

[37] Justice Centre for Constitutional Freedoms. *The Rise of excess and unexplained deaths in Canada*. August 25, 2023. https://www.jccf.ca/wp-content/uploads/2023/08/The-rise-of-excess-and-unexplained-deaths-in-Canada_Justice-Centre.pdf

who had received the injection meant there was little data from which to draw conclusions.

It is also important to recognize, however, that this lack of evidence that the vaccinations were safe didn't stop the Government of Canada from leaning on the IIU to find ways to message Canadians that everything was in fact, perfectly safe.

One might well ask, what made them so sure?

Perhaps that should remain a rhetorical question. Be that as it may, the IIU memo continues,

> *"The current study proactively tested the impact of various behaviourally-informed messaging strategies delivered through different messengers in response to a hypothetical AEFI (Adverse Effect Following Inoculation) incident. Its intent was to help prepare the Government for response to potential AEFIs, by identifying winning communications strategies to maximize public confidence in the Government's COVID regulatory regime; maximize public confidence in the safety of the COVID vaccine and further drive vaccination intentions."*

In other words, the IIU was not tasked to question the safety of the mRNA vaccines, an assumption that during the first six months of 2021 was far from proven.

It was instead to devise "winning communications strategies" for the purpose of supporting the government's "regulatory regime" that depended entirely on their assumed but as yet unconfirmed safety, as the federal government strove for the "immunity" that experts said came with a 70 percent vaccination rate.

As the memo itself conceded, "There is a fine line between guaranteeing vaccine safety, raising public awareness, and maintaining public trust in that safety…How the government communicates after an adverse event will be critical to maintaining that balance."

Finally, the IIU noted that some people were unresponsive to any and all government messaging:

> *"Participants who endorsed misinformation statements about COVID-19 vaccines were unaffected by any messaging frame. Messenger source (e.g., whether the message was delivered from the Government of Canada, a top medical professional, or the vaccine manufacturers) had no effect on reducing concerns or the perceived message."*

This should not have been surprising to the IIU.

Ethical and Democratic Concerns

Manipulation over persuasion

The Government of Canada's use of behavioural science to influence public behaviour raises significant ethical questions.

While the government frames its efforts as "nudging" for the public good, these strategies occur without informed consent or parliamentary discussion. For practical purposes, they are therefore indistinguishable from manipulation. The IIU's studies, such as those testing messaging to reduce AEFI concerns, are especially alarming as the campaign to alter public perceptions was launched before the effectiveness and above all the safety had been ascertained – and all without transparently disclosing the government's intent.[38]

This approach contrasts with traditional democratic persuasion, where elected officials make a case for policies through open debate and public engagement. For emphasis, it is the job of the governing party to give effect to the will of the people as expressed at an election; the proper time to attempt to influence that will is during the election campaign, not after office has been won on what may have even been an altogether different ballot question.

The Canadian public expects governance to reflect their preferences, as expressed through elections. However, the IIU's activities suggest a shift toward engineering public opinion to align with government goals. This undermines the democratic principle articulated by the Justice Centre: elected officials should govern citizens as they are, not reshape them to fit ideological or policy objectives.

The "nudge" paradigm - direction over representation

The "nudge" paradigm, as articulated by Thaler and Sunstein, assumes that individuals are not fully rational and require guidance from "choice architects." While this approach may be less coercive than heavy-handed enforcement, it betrays a paternalistic view that considers citizens pliable and in need of direction.

The IIU's adoption of this methodology reflects a broader trend in Canadian governance, where the government seeks to build the constituency it wants rather than represent the

[38] Public Health Agency of Canada and Impact and Innovation Unit, "Testing Behaviourally-Informed Messaging."

one it has. This shift challenges the democratic ideal of a government "of the people, by the people, for the people," replacing it with a model of governance through psychological conditioning.

In future reports, we will go beyond behavioural science, to review other tools upon which the federal government has relied to build constituency, influence information and expression, and develop support.[39]

Erosion of trust in government and public institutions

Recent Justice Centre reports on the extraordinary and long-lasting harms of lockdowns and vaccine passports validate many of the public's suspicions about vaccines and government overreach. These reports highlight adverse health outcomes and the high economic and social costs of stringent interventions, suggesting that public scepticism was not unfounded.

The government's reliance on behavioural science to overcome this skepticism, rather than addressing it through transparent dialogue, further erodes trust in institutions. By prioritizing compliance over open debate, the government has undermined its constitutional role as a representative of the people's will.

Conclusion

The Government of Canada's use of behavioural science through the Impact and Innovation Unit (IIU) represents a significant and troubling departure from traditional

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[39] For example, through the Court Challenges Program, Ottawa funds advocacy groups that use the courts — rather than duly elected legislatures — to advance legal and social change.

It has also introduced legislation to regulate "harmful" or "misleading" online content, with definitions determined by unelected commissions. Bill C-11 for example extends CRTC authority to the internet under the novel pretence that online content constitutes "broadcasting." Bill C-18 gives government indirect control over which news outlets receive financial support.

The Department of Canadian Heritage provides funding through multiple grant programs to media outlets[1] and advocacy organizations it favours, giving the Government of Canada leverage over public discourse. Meanwhile, the Department of Justice funds judicial training programs on "hate crime dynamics" through the National Judicial Institute, shaping how dissenting opinions are interpreted in courtrooms. Even Parks Canada has been pressed into ideologically motivated objectives, as shown by its revoking of concert permits for political reasons and rewriting of historic site plaques for alleged reconciliation efforts.

Together these measures – an illustrative list rather than an exhaustive one – form a pervasive system of influence that rewards compliance and marginalizes dissent.

Source: https://www.canada.ca/en/canadian-heritage/services/funding/periodical-fund.html

democratic governance. By employing psychological insights, legislative controls, and financial incentives, the government has created a system of influence that seeks to shape public behaviour and attitudes, often without transparency or consent.

The IIU's activities during Covid — particularly its efforts to promote vaccine compliance — highlight the manipulative potential of these strategies. While framed as public safety measures, these initiatives raise profound ethical and democratic concerns, as they prioritize government objectives over the autonomy and preferences of its citizens.

The validation of public suspicions of government Covid policies by subsequent reports underscores the need for greater scrutiny of behavioural science in governance. Canadians expect their government to represent their views, not engineer their compliance, and the IIU's operations challenge this fundamental democratic principle.

Further scrutiny of such behavioural programs is essential if Canadians are to preserve transparent, representative governance.

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